

Eminent venereologists. 3. Philippe Ricord

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Philippe Ricord was born in 1800 in Baltimore, USA, where his family had emigrated from Marseille to escape the Terror which followed the French Revolution. His father died young, so Philippe and his brother Alexander were brought up by an elder brother, a naturalist. They attended a school in New York, but owing to straitened finances had to leave early. Philippe worked in a series of clerical jobs, but continued to study in the evenings. His return to France came about by chance. He and Alexander used to accompany their brother on expeditions to Canada and the USA, and on one of these they met the French naturalist Lesueur. They took his fancy, and he asked Hyde de Neuville, a Minister in the French Government, if he could take them back to France as curators to a collection of botanical and zoological specimens. This was agreed, so at the age of 20 years Ricord set foot on French soil for the first time. Once in Paris he had to supplement his meagre curator's income with payments for translations and English lessons. He declined an offer from de Neuville of an appointment as naturalist to the French embassy in Washington DC, because he had decided on a career in medicine.¹

In the early 19th century French medical talent was centred in Parisian hospitals. Many of these had been upgraded after the Revolution, and new ones built. Medical students were selected by competitive examination. "Externs" were unpaid, and attended their hospital twice a day for ward rounds. "Interns" received a small salary, lived in the hospital and undertook some teaching. In 1821 Ricord was appointed extern at Val de Grace Hospital under Broussais, but soon left to join Dupuytren, a brilliant but irascible surgeon, at Hotel Dieu. He worked hard, and in 1822 passed the examination for internship, continuing to work under Dupuytren. However, he fell out with him. He pointed out that an operation for artificial anus which Dupuytren claimed to have invented had been described by an American surgeon several years previously. Being unable to curb his pen, Ricord wrote in his report "*Amicus Plato sed magis amica veritas*" (A friend of Plato but a greater friend of



truth). Dupuytren was furious and dismissed Ricord, adding that his talents were more suited to vaudeville than to medicine.² Ricord was able to complete his service at l'Hôpital de la Pitié under Lisfranc, and received his degree in 1826.

No hospital appointment was available, so he spent the next year as a rural general practitioner near Orléans. He then won a competitive examination for Surgeon to the Central Bureau of Hospitals, a prerequisite for a senior hospital appointment, but this was annulled so he had to return to general practice. By 1828 he has amassed 10,000 francs, which enabled him to return to Paris. This time he was successful in

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the examination, but he still had to wait for a titular hospital appointment, occupying himself by teaching. Finally, in 1831 a vacancy occurred at a hospital for venereal diseases, l'Hôpital du Midi. The candidate of first choice turned it down, and it was offered to Ricord. Although he had no particular experience of this branch of medicine he accepted the appointment, and he remained at the Midi for the next 30 years.

At the time of Ricord's appointment venereology was in a state of chaos, for which John Hunter was largely responsible. Many traditionalists still believed, like him, that all genital ulcers and discharges were due to syphilis, and should be treated with mercury. Others thought that mercury was poisonous, and advocated the ancient treatments of bleeding and sweating. Inevitably, charlatans and quacks abounded. Ricord had no background in venereology, but he decided to think carefully about what he saw and keep an open mind while he formulated his ideas. He was struck by the inadequate diagnostic techniques of the day, particularly for women. Prostitutes, for example, were declared "infected" or "not infected" by simple inspection of the vulva and palpation of the vagina. Ricord called this "blindfold diagnosis"; he mounted a campaign for the reintroduction of the vaginal speculum and devised a bivalve instrument himself, with which he was able to demonstrate previously unsuspected vaginal and cervical chancres. It is said that a splendid ivory and gold model was made for the exclusive use of the Empress Eugénie.³ His second diagnostic aid, autoinoculation, was to have unfortunate results. The inoculation of material from genital lesions and discharges into normal subjects was an experimental method which had been in use for many years, and had been enthusiastically advocated by Hunter, Wallace and many others. Ricord was firmly convinced that it was wrong to inoculate healthy people with diseases whose consequences were unpredictable.⁴ His technique was to inoculate material from a genital ulcer, urethral discharge or draining lymph node into the patient's own thigh, cover it with a watch glass and observe it daily for the development of lesions. Between 1831 and 1837 Ricord performed more than 2500 of these inoculations.

In 1838 he published "*Traité pratique des maladies vénériennes*",⁵ in which he set out his ideas in detail — ideas which actually changed very little during the rest of his long life. He began by accusing most previous workers on the inoculation of syphilis of error, ignorance, special pleading and bad faith, contrasting these with his own researches which, according to him, were pursued without preconceived notions and with the object of discovering the truth. His aims were: (1) to prove the existence of a specific cause of syphilitic diseases, (2) to distinguish between diseases which

resembled each other, (3) to establish the differences between primary and generalised syphilitic infection, (4) to improve treatment and, if possible, prophylaxis, and (5) to consider public health and legal aspects of syphilis. In the first section of the book Ricord reviewed the literature, quoting Bell and Hernandez with approval, then expressed his own ideas on the inoculation question: (1) An ulcerated chancre, and its consequent bubo, will always reproduce a chancre when reinoculated; so will the pustule caused by the inoculation. (2) Induration of a chancre may or may not occur, depending on individual "predisposition" and the part affected; induration usually indicates that a generalised infection is likely to follow. (3) Inoculation of material from the ulcers of secondary syphilis will not induce a chancre. (4) Inoculation of the pus of blenorragia [gonorrhoea] also gives negative results. Ricord concluded that syphilis had one specific cause, that gonorrhoea, balanitis and condylomas were not due to syphilis, and that secondary syphilis was not infectious. He advised that the reinoculation technique should be used to prove that a venereal ulcer was syphilitic, the diagnosis depending on the prompt development of a pustule at the inoculated site; non-syphilitic ulcers gave negative results. In "serious and urgent circumstances" the test could be used to decide whether marital intercourse was safe.⁶

The second part of the book provided clinical and experimental data, including nearly 200 case reports, to substantiate these ideas. Ricord clearly recognised the primary, secondary and tertiary stages of syphilis, although he thought that the primary lesion begins as a pustule, with no incubation period. Attempted animal inoculations were unsuccessful and he concluded that syphilis is specific to humans. The third part of the book was concerned with therapy. He believed that secondary syphilis never develops if the chancre is destroyed by cautery or excision in the first five days. Like everyone writing about venereal disease at the time, he included a long section on the use of mercury. His ideas on this subject were not very clear, but he certainly recommended it for secondary or late syphilis. He gave details of the treatment modalities in use at the Midi, and discussed the prevention of infection, emphasising the importance of local hygiene, and recommending the examination of prostitutes with the speculum every three days.

The historical importance of Ricord's *Traité* lies in the conclusive separation of gonorrhoea from syphilis, and in the orderly arrangement of the stages of syphilis. His autoinoculation technique, although claimed by him as "the sole rigorous method available" was in fact no such thing; its conclusions were erroneous, and were to lead him into a bitter and eventually humiliating controversy. Today, it is clear that many of the venereal ulcers he dealt with were

non-syphilitic, and probably due to chancroid. But these reservations did not apply in the 1830s; the *Traité* received immediate acclaim, it was translated into German, Dutch, English and Italian, and won Ricord a gold medal from the French Academy of Sciences. He was thought to have brought order out of chaos, and he soon became established as a leading syphilologist, and the Midi as a major centre. He was already known to be an excellent teacher, his lectures combining expert knowledge with wit. According to a contemporary, they were "like a chat, with language clear and full of imagery, brightened by recollections of incidents in the hospital and about town."⁷ Some of his *bons mots* have survived: "Gentlemen, syphilis is a disease to be studied, not contracted."⁸ "Adenopathy follows a chancre as a shadow follows one's body."¹ His ironic instructions on how to contract gonorrhoea bear repetition: "Select a woman of pale lymphatic temperament—preferably a blonde, and the more whites [leucorrhoea] she has the better. Take her out to dine: oysters first, and don't forget to include asparagus. Drink a lot: white wines, champagne, coffee, liqueurs—they're all good. After dinner, dance with your friend. Get well heated during the evening, and quench your thirst with plenty of beer. At night, play your part valiantly—two or three times at least, but more would be better. The next morning, have a prolonged hot bath . . . if you don't get clap after all that, it will be a miracle."⁸

Ricord's charm was also exercised on his patients. The English venereologist William Acton visited the Midi in 1850.⁹ Although it was Easter Monday, he was surprised to find 112 patients in Ricord's wards, of whom 49 had chancres, 21 secondary syphilis and 8 "tertiary symptoms". "The brotherly feeling observed by Ricord towards his patients is seldom abused; he will laugh at, or with, one patient, and ridicule another's imaginary fears. Students will participate in his mirth, and the patient will smile . . . Let a patient, however, fail to follow the prescribed routine, the light raillery gives place to just indignation, and he receives such a public admonition as serves as a warning to the inmates of the whole ward, who equally respect the kindness and talent of the Professor." It is not surprising that Ricord soon established a large private practice, eventually housed in a palatial mansion. He began consultations early in the day, and between attending the hospital, seeing patients in their homes and in his own house, he was occupied until late at night. His waiting rooms were lavishly decorated, and patients were separated according to their age and social status; it is said that Ricord's footman was adept in determining the latter.¹⁰

Ricord was a skilful clinician. Like all venereologists, he took a particular pride in locating a lesion which others had missed, as is shown by his own

description of a visit to St Bartholomews Hospital in London: "In England, they seldom search for chancres in this location [the anus]; their medical customs reflect the far-fetched modesty so characteristic of the nation. I was shown a group of men and women with secondary syphilis supposedly due to immediate contagion [non-sexual contact]. I still have to laugh in recalling the startled expression of the house officer and his assistants when, carrying a bold finger and scrutinising gaze into certain mucous folds I succeeding in discovering a rear entrance to this perfidious Albion."¹¹ Despite his humour and affability, Ricord took venereology very seriously. He regarded himself, probably justly, as a seeker after scientific truth, but he was not receptive of new ideas and could be stubborn, as was shown in three controversies concerning syphilis in which he became involved in middle life.

In 1843 Auzias-Turenne, a young and self-confident Parisian graduate, heard Ricord say in a lecture that syphilis was unique to humans, various experimenters, including Hunter and Ricord himself, having shown that it could not be transmitted to animals. Auzias was unconvinced, and decided to perform some further experiments. He inoculated pus from human chancres into monkeys, dogs, cats and rabbits and thought that some of these developed chancre-like lesions. He announced his results in a letter to the Academy of Sciences, but they were greeted with amusement and contempt. He next appeared at a meeting of the Society of Surgery, bringing with him a monkey with lesions he had induced on its face which he believed were chancres. There was a lively debate, but most members were reluctant to accept Auzias' claims unless signs of secondary syphilis appeared in the inoculated animals, or Ricord's diagnostic procedure induced a new chancre. This experiment was unsuccessful, other workers failed to reproduce Auzias' results, and his work was dismissed as valueless.¹² Ricord himself joined in the criticism: "One ought to have the courage of one's convictions . . . M Auzias should inoculate himself with pus from one of his monkeys' ulcers and wait for the appearance of symptoms."¹³

It was now more than ten years since he had published the *Traité*, and Ricord, despite his fame and success as a clinician, was aware that some of his opinions were being challenged by younger colleagues. He needed to re-establish himself as a scientist, and an opportunity came at the beginning of 1850, when *l'Union Médicale*, a Parisian medical journal edited by a friend of his called Amédée Latour, announced that Ricord would contribute a series of "Letters on syphilis". In the second of these he reopened the animal inoculation question, stating that in his opinion Auzias' results were "illusory".¹⁴ But help was at hand for the hard-pressed investigator, for a young

German doctor, Ritter von Welz, volunteered for the crucial experiment and inoculated himself with pus from a five-day old chancre of one of Auzias' monkeys. After four days a purulent ulcer appeared, and Welz and Auzias went to the Midi to show the lesion to Ricord. He conceded that this appeared to be a successful experiment, and that Auzias might have been right all along. He admitted the possibility of animal syphilis in a public lecture, but when he came to discuss the subject in a "Letter"¹⁵ he was more cautious. He now thought it possible that the inoculated animals did not actually contract syphilis, but simply provided an "area for transplantation". This was as far as he was prepared to go, and after a further public exchange of views Ricord said that unless there were any new developments he thought he had "given the monkeys enough attention", and dropped the subject. Soon, however, he and Auzias were to be involved in a more prolonged and bitter controversy, this time over the question of syphilisation. This long and complex dispute has been thoroughly studied by Perett¹⁶ and Stillians.¹⁷

During his animal experiments Auzias had noticed that repeated autoinoculation produced progressively smaller ulcers until eventually no lesion developed. The inoculation of fresh material from a human chancre would then succeed, but after repeated autoinoculation this infection too would fail to reproduce itself. Eventually, the animal became so resistant that no lesion could be induced by inoculating material from any source.¹⁷ He performed a small number of experiments on prostitutes with similar results, but in addition he observed that repeated auto- and heteroinoculation seemed to improve intractable syphilitic lesions. He thought that "syphilisation" promised to produce immunity to syphilis, and might also be of value in treating it. In 1844 he announced his results at meetings of several Paris medical societies. Ricord was implacably opposed to the whole idea, and succeeded in blocking all of Auzias' attempts to conduct clinical trials on prostitutes in Paris, although for a time syphilisation was extensively studied in Italy and Scandinavia. Trouble with these experiments was inevitable, and in 1851 it happened. A young German doctor called Lindeman, who had repeatedly inoculated himself with human ulcer material, finally gave himself syphilis. This was treated by Auzias with syphilisation, but this made him worse, and he died. The "Lindeman case" was much discussed, and finally a committee of the Academy of Medicine was appointed to examine not only this case but the whole subject of syphilisation. Its report, which advocated only the most restricted use of the method, was debated at a meeting of the Academy on 3 August 1852, at which Ricord spoke eloquently for two hours. Auzias' adherents could attract no support, and the

report was adopted.¹⁸ This was virtually the end of syphilisation in France, although not in other countries. However, Ricord had not finished with Auzias. At the First International Medical Congress, held in Paris in 1867, during a debate on the control of venereal disease, Auzias proposed syphilisation as the only effective prophylactic procedure. Ricord, although in the chair, launched a bitter personal attack on Auzias, and this was followed by an unedifying general wrangle. A British delegate did not enjoy the meeting: "The Congress degenerated into a schoolboy reading of papers, much fettered by the imperfect way many spoke the language, and the personal and prolonged altercations of M Ricord and M Auzias-Turenne."¹⁹ Auzias died in 1870; syphilisation had aroused strong feelings at the time, but by now attention was turning to other aspects of syphilis and little more was heard of it.

Ricord was sure, mostly because of his inoculation experiments, that the lesions of secondary syphilis were not contagious. Some doctors, including his junior colleague at the Midi, Vidal de Cassis, did not share this view; they thought that he had become too dependent on his inoculation technique, and believed on clinical grounds that "secondary contagion" was possible. Ricord refused to give way, saying that it was always possible to mistake the ulcers of secondary syphilis (which were not contagious) for those of primary syphilis (which were contagious).²⁰ It was pointed out that autoinoculation was not the technique to settle the problem, and that inoculation of a healthy volunteer would be better. This had been done by William Wallace,²¹ apparently successfully, but Ricord said that it was unethical, and refused to consider it. Vidal did not share these scruples, and in 1851 inoculated a pharmacy student with material from a pustule on the breast of a patient with secondary syphilis, inducing a typical primary chancre.²² Ricord criticised his colleague on ethical grounds, suggested that Vidal's source lesion was a misdiagnosed primary chancre, and continued to hold his ground. Vidal, who was in a difficult situation, had to content himself with the remark: "Hunter was encased in his doctrines. He had unswerving convictions, just like Ricord, for I believe my colleague is of the doctrinal family of Hunter."²³

Ricord had managed to silence opposition to his views on secondary syphilis, at least temporarily, but the whole matter surfaced again when the well-known surgeon Velpau attacked him at a meeting of the Academy of Medicine. Ricord was pained and defensive: "I began the study of venereal diseases without preconceived ideas . . . free, I chose what seemed best to me . . . I not only examine the facts clinically, but I also question them rigorously by experimentation."²⁴ The arguments continued back and forth until finally

in 1858 Ricord suggested that a committee of the Academy should examine the whole question of secondary contagion. He felt threatened, and saw the possible collapse of the system of syphilography which he had so laboriously constructed. He had already been forced to admit a major mistake over genital ulceration. Although he distinguished between hard and soft chancre clinically, he had always taught that they were both forms of syphilis. In 1852 Bassereau, his former student, used careful studies of sexual contacts to show that there were two infections involved—one associated with hard chancres and systemic syphilis, the other with soft chancre (chancre mou, or chancroid) and local complications.²⁵ Ricord had to give up his unitary view of genital ulceration with the remark: "l'homme absurde est qui ne change pas."²⁶ In 1859 the report of the committee investigating secondary contagion was presented by Gibert, a physician at St Louis Hospital. By this time the evidence—clinical, epidemiological and experimental—was overwhelming, and there was a sad scene when Ricord, now in his sixtieth year and nearing retirement, slowly mounted the podium to acknowledge what was, after all, a most serious error.¹

Despite these setbacks, Ricord remained the best known venereologist of his age. Latour devoted many pages of *l'Union Médicale* to "Ricordiana"—descriptions of Ricord's witticisms, life style, travels and so on. Honours, awards and medals were heaped on him—he was said to have had over 200 decorations, more than Bismarck or Thiers. Latour, writing of a funeral which they had both attended, observed that "Ricord shone, his chest a galaxy of crosses and decorations".²⁷ When Queen Victoria visited Paris in 1855, seeing him at the head of a contingent of the National Guard, she asked who was this distinguished field marshal who had been in so many campaigns.²⁸ He retired from the Midi in 1860, but remained active in medicine for another 25 years. In 1868 he finally became President of the Academy of Medicine, the long delay being perhaps due to a lingering prejudice against his speciality.²⁹ In the following year he was consulted about urological problems by both Napoleon III and his Minister of Defence, Marshal Niel. During the siege of Paris in the Franco-Prussian War of 1870–71, he organised and directed the ambulance service of over 300 doctors and medical students, for which he was made a Grand Officer of the Legion of Honour.

Ricord was urbane and gregarious, and greatly enjoyed his association with the beau monde. He had a grand city house, a country house near Versailles and a seaside villa; he enjoyed fine clothes, painting and sculpture, and wrote some poetry himself—including his own obituary.³⁰ Notwithstanding his great income from his practice he often fell into financial difficulties,

and eventually handed over the management of his affairs to his friends. He was unmarried, and shared his home with his niece and her family. In old age he remained active, "full of wit, brimming over with kindness, eager to hear all the news of his old friends, and thoroughly au fait with the doings, scientific and personal, of the leading men in the profession."³¹ He presided over the International Dermatological Congress in Paris in 1889 with his usual grace. One of the last acts of his life was to ascend the newly built Eiffel Tower, but soon after this he died of pneumonia at the age of 89. His funeral at St Sulpice was a grand affair. The church was full to overflowing, there were military honours from a detachment of an infantry regiment and no less than 12 panegyrics from representatives of the various phases of his life.

Ricord was one of the most charismatic men of the nineteenth century. Oliver Wendell Holmes, who attended the Midi in 1838, called him "the Voltaire of pelvic literature . . . a sceptic as to the morality of the race in general, who would have submitted Diana to treatment with his mineral specifics, and ordered a course of blue pills for the vestal virgins."³² This view of Ricord as a "medical Mephistopheles" is partial. He took medicine seriously. Although he always considered himself a surgeon, and wrote several papers on surgical subjects, his reputation was based on venereology. As well as the *Traité*, his major publications included *Traité complet des maladies vénériennes* (1851), the collected *Lettres sur la syphilis* (1851) and *Leçons sur le chancre* (1858). A series of 28 *Lectures on the Venereal Diseases* was published in the *Lancet* in 1847–48. Almost from the beginning he insisted that gonorrhoea and syphilis were different diseases—although he was not the first to make this claim.³³ He rejected balanoposthitis and condylomas as syphilitic. His use of the vaginal speculum clarified the manifestations of syphilis in women. He established the orderly grading of the stages of syphilis, although knowledge of neurosyphilis was yet to come. Unfortunately, he was wrong about many of the contentious issues of his day. He failed to recognise chancroid as a specific cause of genital ulceration. The autoinoculation technique, which he valued so highly for diagnosis and interpretation, was fatally flawed because of the current ignorance of the immunology of syphilis. We know now that although autoinoculation from primary syphilitic ulcers of a few days' duration is sometimes successful,³⁴ developing immune responses prevent inoculations from the lesions of late primary, secondary or tertiary lesions from "taking"; the lesions of chancroid, on the other hand, are readily inoculable. With hindsight it is easy to see how Ricord was led to his most serious mistake, his belief that secondary syphilis is not infectious. He did not understand gonorrhoea, which he regarded as a non-

specific response to irritation, whatever its cause. The reader may conclude with Bloomfield³⁵ that Ricord was a keen and honest observer, but was overwhelmed by the complexity of the diseases he dealt with. Nevertheless, he is an important figure in the history of venereology. He made the Midi a major centre for the care of patients and for undergraduate and post-graduate training. He made venereal diseases an important subject for study and research. Admittedly, he did little original work after publication of the *Traité*, and like many people he became unreceptive to new ideas as he grew older. But he founded a tradition and a school, and his pupils—among them Fournier (his favourite), Diday and Bassereau—were all to make important discoveries. During the first half of the nineteenth century careful clinical observations, supplemented by the use of inoculations, made it possible to separate syphilis, gonorrhoea and chancre, to clarify the natural history of syphilis and to begin the study of congenital syphilis. But the aetiology of these diseases was unknown, no experimental animal had been found, there were no satisfactory diagnostic tests and treatment was unsatisfactory. In the end, clinical observation had to give way to laboratory methods. It is sometimes said that Ricord's death marked the end of an era, but the era had effectively ended twenty years earlier with Neisser's discovery of the gonococcus. From then on, advances in venereology were to come from the laboratory rather than the consulting room, and leadership in medicine, centred in France for the previous half century, was to move across the Rhine.

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